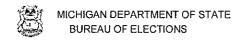


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers Fi	rom: 10/27/12 to	11/15/12	
1. Committee I.D. Number	4. Candidate Last Name	First Name	M.I.	
150449	Duranczyk	Michael	J.	
2. Committee Name		District # or Community Serve	_	
CTE Michael Duranazuk	Bay Co comm	nissioner 1 st dis	Strict	
CTE Michael Duranczyk	4b. County of Residence Bay			
5. Committee's Mailing Address	6. Treasurer's Name & Res	sidential Address		
710 Bermuda St.	Michael Duranczyk			
Pinconning, Mi 48650	710 Bermuda St.			
	Pinconning, Mi 486	50		
	、			
Area Code and Phone (989) 879-5477				
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (989)	879-5477	2 2	
			B 300	
7. Treasurer's Business Address	8. Designated Record keep Designated Record keepei	per's Name and Mailing Addre	ss (If the committee has a	
4756 N. Huron Rd.	N			
Pinconning, mi 48650				
		,	3 3 5 6	

		f	N	
Area Code and Phone (989) 879-5477	Area Code and Phone			
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. ✓ Post	Election 9c.	Annual Statement (_2012	Coverage Year)	
Pre-Election or Post-Election Statement relates to:		Amendment to Campaign State or 9e to indicate which Statem	ement (Complete Item 9a, 9b, 9c ent is being amended)	
Primary	ral 9e.	Dissolution of Candidate Comi	mittee	
	-1	Effective Date of D	issolution	
Convention	OI			
Special Caur	ıs			
			the committee has no assets or fees. Further, I/We request that if	
Date of Election, Convention or Caucus	the disso	plution cannot be granted, that	this be considered a request for	
11/06/12	i i	orting Waiver. e disposition of residual funds	must be reported on Schedule	
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe	uired Campaign Statement	s. The Campaign Statements	must include all applicable	
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the	d since the information was	shown on the committee's Sta	tement of Organization, an	
before the filing deadline of a required campaign statement, the	nt campaign statement ca	nnot be waived.	iiver is not received on or	
10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.				
Current Treasurer or Michael J. Duranczyk, //// head // head // head				
Designated Record keeper Wilchael 3. Durantozyk Date				
Type or Print Name	Sigňaftůre	//(/	,	
Candidate Michael J. Duranczyk	16 rehal	Wheelest Date	11/19/12	
Type or Print Name	Signature	<i>,</i> , , , , , , , , , , , , , , , , , ,		

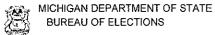


1. Committee I.D. Number 150449

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Michael Duranczyk

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			Camulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	3,675.98	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$_	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	WARRANT .	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	\$3,675.98	(20.) \$ \$3,675.98
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$.		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	\$3,675.98	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)			
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	\$3,675.98	(23.) \$ \$3,675.98
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	/40h \ @		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)			
DEBTS AND OBLIGATIONS 12. Debts and Obligations			(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	\$0.00	
b. Owed to the Committee (Schedule 1E)		\$0.00	
40 Follow Balance of land accord floor		ANCE STATEMENT \$ \$0.00	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	()		
 Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 		\$3,675.98 \$3,675.98	
15. SUBTOTAL Add lines 13 and 14		\$ \$3,675.98	
16. Amount expended during reporting period (Add lines 9 and 11)		\$ \$0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)	φυ.υυ	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____150449

2. Committee Name CTE Michael Duranczyk

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 Name & Address: Max Holman	PAC Receipt?	YES 4. Date of	of Receip	nt 11/04/12	-	
5295 Baxman Rd. Bay City, Mi 48706					_{\$} 350.00	_{\$} 350.00
5. If over \$100.00 cum					Click Here fo	or Memo Itemization
Occupation Engineer	· · · · · · · · · · · · · · · · · · ·	_ Employer Bay Cas	st		Onor Horo R	or morno normadion
Business Address 261	1 Center Bay C	ity, Mi 48708				
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution #2Name & Address	PAC Receipt?	YES 4. Date o	f Receip	11/04/12	-	
Scott Holman 3003 Evergreen Bay City, Mi 487	06				_{\$} _350.00	§ 350.00
5. If over \$100.00 cum		vide:			Click Here fo	or Memo Itemization
Occupation Engineer		Employer_Bay Cast				
Business Address 261	1 Center Bay C					
Type of Contribution:		Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		of Recei	^{pt} 11/15/12		
Michael Durancz 710 Bermuda St Pinconning, Mi 4	•				_{\$} 2975.98	_{\$} 2975.98
5. If over \$100.00 cum		vide:			(Memo Itemiz	zation)
Occupation Owner		Employer Able Safe	е			
Business Address 4756	N. Huron Rd. Pir					
Type of Contribution:		Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Rece	ipt	-	
					\$	\$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here for	· Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtot	^{al} \$3,675.98	
				and Total of All Schedules 1		
Page of			(Compl	ete on last page of Schedul	Enter this total on line 3a of Summary Page.	_



ITEMIZED EXPENDITURES

1. Committee I. D. Number

SCHEDULE 1B	1. Committee 1. D. Number	•		
CANDIDATE COMMITTEE	2. Committee Name CTE Michael Duranczyk			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount	
Expenditure #1 Name Reinhold Printing		11/05/12	\$ 915.83	
Address 3201 Hallmark Ct.	Purpose: mailing printing	Date - Memo Itemization)	-	
Saginaw, Mi 48603	Check box if this expenditure is paymen debt or obligation reported on previous			
Fund Raiser Expenditure #2	statement			
Name Reincold Printing		10/21/12	\$ 634.13	
Address	Purpose: mailing printing	Date		
3201 Hallmark Ct. Saginaw, Mi 48603	Cl Check box if this expenditure is paymen	lick Here for Memo	Itemization Type	
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #3				
^{Name} Postmaster		10/10/12	\$ 344.23	
Address	Purpose: Postage	Date	<u> </u>	
Saginaw, Mi	(M	lemo Itemization)		
Fund Raiser	Check box if this expenditure is paymen debt or obligation reported on previous statement	t of		
Expenditure #4				
^{Name} Graphix		10/27/12 Date	\$ <u>375.00</u>	
Address	Purpose: signs	-		
807 Stook St. Austin, Tx 78756		lemo Itemization)		
Fund Raiser	Check box if this expenditure is paymen debt or obligation reported on previous statement	t of		
Expenditure #5				
^{Name} Design Company		10/27/12	e 502 00	
Address	Purpose: print flyers	Date	\$ <u>583.00</u>	
4781 S. Huron Rd. Standish, Mi 48658	Cli Check box if this expenditure is paymen debt or obligation reported on previous	lick Here for Memo It of	Itemization Type	
Fund Raiser	statement			
	S	ubtotal this page	\$2,852.19	
	Grand Total of	f all Schedules 1B		

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

150449	
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2. Committee Name CTE Michael Duranczyk

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Pinconning Journal		10/31/12	\$ 90.00
Address	Purpose: Insert flyers	Date	
PO Box 626		o Itemization)	
Pinconning, Mi 48650	· ·	•	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Postmaster		11/05/12	\$ 733.79
Address	Purpose: Postage	Date	
Saginaw, Mi	Click Here for Memo Itemization Type		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			
Address	Purpose:	Date	\$
	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	0.000		· · · · · · · · · · · · · · · · · · ·
Name			
Address	Purpose:	 Date	\$
		iere for Memo i	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click }	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		tal this page	\$823.79
	Grand Total of all 5 (Complete on last page		\$3,675.98

Enter this total on line 8a of Summary Page

2 of 2